## AMENDED IN ASSEMBLY MARCH 23, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

# **ASSEMBLY BILL**

No. 503

# **Introduced by Assembly Member Rodriguez**

February 23, 2015

An act to add Section 1797.122 to the Health and Safety Code, relating to emergency medical services.

#### LEGISLATIVE COUNSEL'S DIGEST

AB 503, as amended, Rodriguez. Emergency medical services.

Existing law requires the Emergency Medical Services Authority to develop planning and implementation guidelines for emergency medical services (EMS) systems that address several components, including, but not limited to, manpower and training, communications, transportation, and assessment of hospitals and critical care centers.

This bill would authorize a health facility, as defined, to release patient-identifiable medical—inform a prehospital emergency medical services information to a defined EMS provider, a local EMS agency, and the authority, to the extent specific data elements are requested for quality assessment and improvement purposes. The bill would also require the authority to develop minimum standards for the implementation of this data collection.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

*The people of the State of California do enact as follows:* 

- 1 SECTION 1. It is the intent of the Legislature to encourage
- 2 data sharing between emergency medical services providers and

 $AB 503 \qquad \qquad -2 -$ 

hospitals in order to improve system effectiveness, quality of care,
and the impact of emergency medical services on death and
disability.

## SECTION 1.

- SEC. 2. Section 1797.122 is added to the Health and Safety Code, to read:
- 1797.122. (a) Notwithstanding any other law, a health facility as defined in subdivision (a) or (b) of Section 1250 may, but is not required to, release patient-identifiable medical information under the following circumstances:
- (1) To—a prehospital emergency medical services an EMS provider, information regarding a patient who was *treated*, *or* transported to the hospital by, that prehospital emergency medical services EMS provider, to the extent that specific data elements are requested for quality assessment and improvement purposes.
- (2) To the Emergency Medical Services Authority authority or the local emergency medical services EMS agency, to the extent that specific data elements are requested for quality assessment and improvement purposes.
- (b) Each prehospital emergency medical services provider and An EMS provider, local emergency medical services EMS agency, and the Emergency Medical Services Authority authority shall request only those data elements that are minimally necessary in compliance with Section 164.502 (b) and Section 164.514 (d) of Title 45 of the Code of Federal Regulations.
- (c) The authority shall develop minimum standards for the implementation of data collection for system operation, patient outcome, and performance quality improvement.
- (d) For purposes of this section, "EMS provider" means an
   organization employing an Emergency Medical Technician-I,
   Advanced Emergency Medical Technician, or Emergency Medical
   Technician-Paramedic for the delivery of emergency medical care
- 32 Technician-Paramedic for the delivery of emergency medical care 33 to the sick and injured at the scene of an emergency, during
- 34 transport, or during an interfacility transfer.